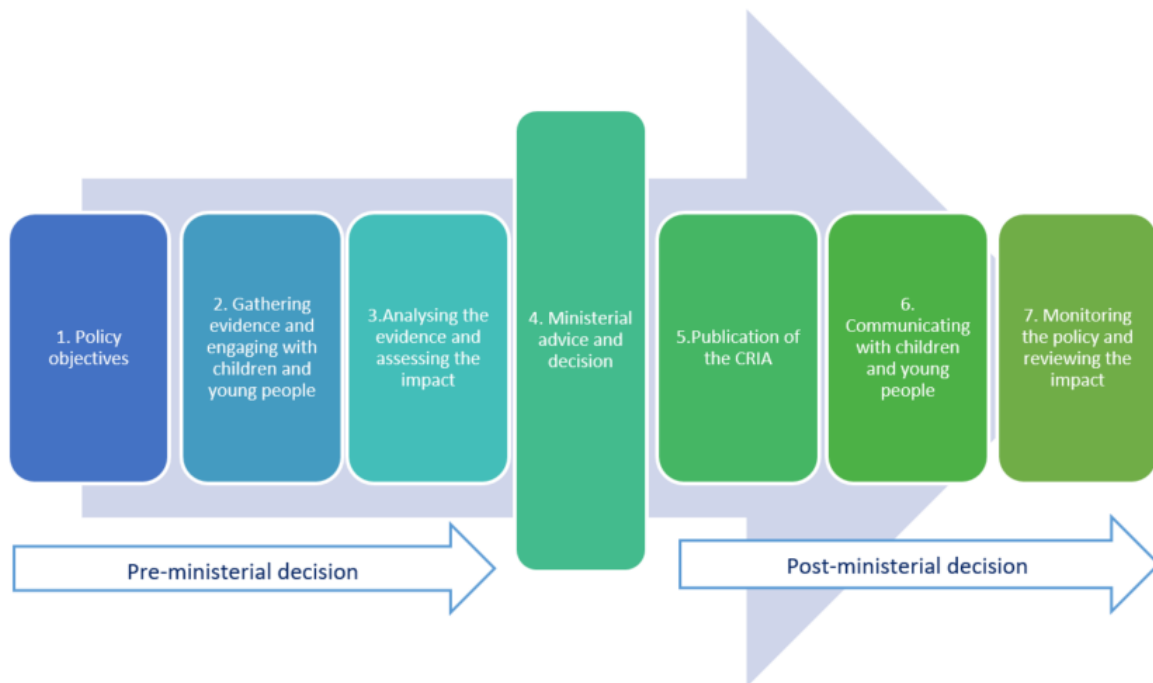


Children's Rights Impact Assessment

All completed Children's Rights Impact Assessments must be sent to the CRIA@gov.wales mailbox.

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on the Welsh Ministers to pay due regard to the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols when exercising any of their functions.

The CRIA process is the agreed mechanism officials should use to support Ministers to meet this duty and ensure they give balanced consideration to children's rights in their decision making. A CRIA should be used to inform ministerial advice and must be completed prior to a ministerial decision being made. Once a decision has been reached, your CRIA must also be published.



For further advice and guidance on the CRIA process, please consult the Children's Rights Manual for Staff or contact the Children's Branch CRIA@gov.wales

1. Policy objectives

- **What decision are you impact assessing?**

The development of a new Suicide and Self-Harm Prevention Strategy for Wales, which is being published for public consultation. The new Strategy is the successor to the Welsh Government's previous ten-year strategy for Suicide and Self-Harm Prevention in Wales – *Talk to me 2*. The purpose of the consultation is to inform the development of the Strategy and the supporting impact assessments.

This strategy is separate but connected to our new Mental Health Strategy, with both strategies being consulted on simultaneously. It is connected because having a mental health issue is a risk factor for suicide and self-harm. However, a separate strategy for suicide and self-harm in Wales recognises that the majority of those who die by suicide are not identified as having a diagnosed mental health condition.

This impact assessment solely focusses on suicide and self-harm. Wider mental health has been considered in the Mental Health Children's Rights Impact Assessments as part of the new Mental Health and Wellbeing Strategy.

2. Gathering evidence and engaging with children and young people

- **What existing research and data on children and young people is available to inform your specific policy? Your policy objective may impact on other policy areas – discussions with other policy teams will be an important part of the impact assessment process ensuring you have gathered a range of information and evidence.**

The 'What is the current picture?' section of the strategy draws on the latest available evidence to identify the main causes of suicide and self-harm in Wales. Consistent with the 'focus on equality' theme committed to in the introduction, this section explores the links with protected characteristics such as age, disability, race, religion, and gender. It also makes links with poverty and linked factors such as contact with the criminal justice system.

This section contains explicit reference to available evidence on children and young people, in particular:

- 8 per cent of 14- to 19-year-olds will self-harm.
- Self-harm is the second leading cause of death in the 15- to 19-year-old population. However, only a very small fraction of those who self-harm go on to make suicide attempts or die by suicide.¹

¹ [Guidance - Key Topics - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/publications/guidance-key-topics-public-health-wales/)

- Young people with ASD were at over twice the risk of suicide than young people without ASD.
- There has been a gradual increase in self-harm admission rates amongst young people in Wales.
- Research suggests that incidence rates of self-harm in the UK amongst 10–24-year-old girls increased between March 2020 and March 2022, primarily driven by increases in the 13-16 age group (with incidences amongst boys being lower than expected).
- Girls were more likely than boys to be admitted to hospital after attending emergency departments for self-harm. This was true even for those aged under 16, for whom clinical guidance always recommends admission for a full risk assessment.
- Prevalence of self-harm amongst children and young people is consistently highest in the most deprived 40 per cent of areas in Wales, although over the past decade there have been increasing incidences of self-harm in more affluent areas.
- Pupils aged 11-16 who had been bullied in person were three times more likely to self-harm than their peers who had not experienced bullying.
- Additionally, more than half of LGBT pupils in Wales (54 per cent) – including 73 per cent of trans pupils – are bullied for being LGBT at school, which is a further risk factor for suicide. Indeed, two in five trans, non-binary or gender questioning children and young people (41 per cent) reported to have at some point attempted to take their own life. For lesbian, gay and bi pupils who are not trans, one in four (25 per cent) have tried to take their own life².
- School exclusions, or persistent absence from school, could be indicators of current or future self-harm as well as poor mental health.
- The risk factors for people who self-harm are consistent with other safeguarding risks such as child abuse and neglect, substance misuse, intimate partner violence and sexual exploitation.³ Other risk factors include having an eating disorder,⁴ links with other mental health conditions or contact with the justice system.

During the development of the evidence base there were some trends identified around the increasing rates of suicide among children and young people. However, a review of the evidence identified that due to the low numbers that the statistics were based on it is best to use caution when interpreting the results. Children and young people have been identified as a potential high-risk group to inform further exploration of the statistics with the Office for National Statistics.

² [School Report Cymru \(2017\) | Cymru \(stonewallcymru.org.uk\)](#)

³ [Guidance - Key Topics - Public Health Wales \(nhs.wales\)](#)

⁴ [Clinical management and mortality risk in those with eating disorders and self-harm: e-cohort study using the SAIL databank - PMC \(nih.gov\)](#)

The draft strategy recognises that more needs to be done to better understand the determinants of suicide and self-harm in Wales which will allow us to better understand the risk factors and the support required. Objective 1 commits Welsh Government to this and the recognition of children and young people as a vulnerable group means that they will be part of the more in-depth analysis. Work has already begun to start exploring some of the areas where more research is needed, including exploring the links between the most vulnerable groups to suicide (middle-aged men) and the impact that this has on children and young people – recognising the potential for Adverse Childhood Experiences (a risk factor for suicide and self-harm) caused by the loss of e.g., a father.

To help inform this the upcoming consultation has a specific focus on reaching the most vulnerable in society so they can help shape the Strategy and the Delivery Plan which will follow. Children and young people are recognised as a vulnerable group and the Welsh Government have commissioned specialist consultants to undertake focussed engagement with this group to ensure that their views are captured in a meaningful but safe manner.

- **Using this research, how do you anticipate your policy will affect different groups⁵ of children and young people, both positively and negatively? Please remember policies focused on adults can impact children and young people too.**

This strategy sets out the Welsh Government's commitment to deliver a reduction in the number of suicide deaths and the rates that have endured over recent years. It also aims to establish a pathway to support people who self-harm and to improve support for those bereaved by suicide.

Using the evidence available, links have already been made with other policy areas which have been identified as areas of risk for children and young people and these have been referenced in the strategy within the *strategic context*. For example, the new Child Poverty Strategy for Wales and the challenging bullying guidance. Whilst the other strategies referenced in this section are not similarly focused on children and young people, their implementation will have a positive impact on young people. For example, by reducing domestic abuse in homes and reducing substance misuse which introduce the risk of trauma, poor mental health and increased risk to suicide and self-harm among children living in these environments.

⁵ You may, for instance, consider how your policy would affect the following groups of children and young people differently: early years, primary, secondary, young adults; children with additional learning needs; disabled children; children living in poverty; Black, Asian and minority ethnic children; Gypsies, Roma and Travellers; migrants; asylum seekers; refugees; Welsh-language speakers; care experienced children; LGBTQ+ children. Please note that this is a non-exhaustive list and within these cohorts there will not be one homogenous experience.

The objectives have sought to further develop the evidence base and utilise what is available to reduce suicide and self-harm for everyone, including children and young people as follows:

Objective 1 of the proposed strategy aims to establish a robust evidence base for suicide and self-harm in Wales drawing on a range of data, research and information; and develop robust infrastructure to facilitate the analysis and sharing of information to focus resources, shape policy and drive action.

The Welsh Government Suicide and Self-Harm Team is currently working closely with colleagues in knowledge and analytical services and our National Advisory Group to undertake a more in-depth analysis of the available evidence and key gaps. One of those gaps is children and young people in terms of better understanding suicide and self-harm trends and the risk factors. As referenced above we know that the suicide data for children and young people is not currently considered to be robust. This is because the numbers are so low what they cannot be relied upon. We want to better understand what analytical methods can be applied to increase confidence. We also want to better understand the links with other data. For example, we know that suicide and self-harm has impacts much wider than on the individual themselves (e.g. family members and friends). Children and young people could be particularly vulnerable to such impact given that men aged between 40 and 49 have consistently had the highest rates of suicide of any age group since 2008 – and many of this age group could have young children. It is widely known that Adverse Childhood Experiences (ACEs) such as death of a parent can significantly increase the risk of the development of mental health problems later in life. The strategy provides the basis for reducing such incidences through a range of actions but it, and the accompanying Mental Health and Wellbeing Strategy, seek to enhance the timely offer of support for young people who are affected by suicide and self-harm. The research could help us further understand how children and young people of different ages are affected and how support could be enhanced/adapted to limit impact.

Objective 2 is to *co-ordinate cross-Government and cross-sectoral action which collectively tackles the drivers of suicide and reduces access to means to suicide.* This in part relies on the successful delivery of the Mental Health and Wellbeing Strategy to improve mental health and wellbeing through a preventative approach and tackling the wider determinants of mental health. Babies, children and young people are specifically referenced as a vulnerable group in the draft Mental Health and Wellbeing Strategy. It includes over-arching commitments to giving every child the best start in life and enabling children, young people and adults to maximise their capabilities and have control over their lives; and its includes a number of targeted actions to deliver improved mental health for this demographic including connecting children's services to enable a 'whole system' offer, a focus on the first 100 days of a child's life and working across government to tackle the wider determinant of mental health – linking with the Children and Young People's Plan. The proposed Mental

Health and Wellbeing Strategy has been informed by extensive engagement with Children and young people and it has its own CRIA, where the wider detriments of mental health on children and young people have been assessed.

Objective 2 also identifies policy links with other departments which are more specific to suicide and self-harm and allows us to strengthen cross-Government working and build on the links already established with e.g. the Child Poverty Strategy and anti-bullying guidance. For example, links have been established with work programmes being led by the digital team taking forward the Online Safety Act which introduces stricter regulations on service providers and online service users to limit the promotion and assistance of suicide and self-harm – with a specific focus on protecting children and young people from harmful content. Agreed actions for relevant departments will be detailed within the accompanying Delivery Plans.

Objective 3 of the draft strategy states that we will deliver rapid and impactful prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.

Those identified as potentially vulnerable, including children and young people, have been highlighted under Objective 3 with the intention that there can be a focus on delivering support to them and in the places that they are most likely to present in the system, including debt advice and employment centres, education settings and custodial settings.

An evaluation aiming to identify suitable and effective interventions will be conducted at a later stage that data collected as a result of Objective 1 will inform that.

Whilst children and young people are specifically identified as a vulnerable group, they also fit within other groups identified. For example, they will be represented strongly within the 'care experienced' group and, as identified in the evidence section, the victims of bullying group. As highlighted above children will also benefit from the targeted support provided to adults (both through this Strategy and connected strategies) who play a vital role in young people's lives as 'trusted adults', whether as their parents, their carers, their school teachers or their service providers.

Children are also represented within ethnic minority groups category. Whilst ethnic minority groups are not recognised as a vulnerable group the strategy recognises that the evidence which underpins this is should be treated with caution. Evidence suggests that suicidality may be expressed or developed in different ways in different cultural contexts and across ethnic groups, and that clinicians' approaches may not always capture this diversity or recognise expressions of mental distress from people with different cultural backgrounds to them (Hunt et al., 2021⁶). It may also suggest that existing models of suicidal behaviour and risk assessment are biased towards White groups, resulting in worse aptitude for recognising suicidal behaviour among minoritised ethnicity individuals. In support of this, a study on self-harm in children

⁶ Hunt, I., et al. (2021). 'Suicide rates by ethnic group among patients in contact with mental health services: an observational cohort study in England and Wales', *The Lancet Psychiatry*, 8(12), 1083-1093.

and youth (Farooq et al., 2021⁷) found that minority ethnic groups were less likely to receive a specialist psychosocial assessment and mental health care. The authors concluded that this could reflect ethnic and cultural differences in help-seeking, self-reliance, and the relevance of mainstream services in meeting the needs of minority ethnic groups.

Objective 1 will allow for greater and continued monitoring/exploration of potential links between suicide and self-harm and ethnicity and allow us to respond accordingly through the implementations of the objectives through accompanying Delivery Plans.

Objective 4 of the draft strategy is to heighten skills, awareness, knowledge and understanding of suicide and self-harm amongst the public, professionals and agencies who may come into contact with people at risk of suicide and self-harm. This objective and supporting policies are all-age in focus, however, with children and young people referenced as a vulnerable group it ensures that they will be considered as part of service delivery and design. The objectives provide an opportunity to review the current guidance and training currently exists for people that come into contact with children and young people at risk of suicide and self-harm and identify ways to improve that offer. We will do this in partnership with children and young people (and groups that represent them) to ensure that they can help define what a compassionate approach looks like to them.

Objective 5 of the strategy commits Welsh Government to ensuring an appropriate and compassionate response is offered to all those who self-harm, have suicidal thoughts, or who have been affected or bereaved by suicide promoting effective recovery and reduced stigma.

We will do this by working to identify and enable safe and effective ways to support children and young people who are experiencing suicidal thoughts, are self-harming, or have been affected by bereavement burden following a death by suicide.

Objective 5a of the draft strategy identifies some proven safe and effective methods for delivering the support based on input from the NHS and National Advisory Group. The policies stipulates that practices need to be in line with the NICE guidance⁸: which covers “assessment, management and preventing recurrence for children, young people and adults who have self-harmed”, and in the context of the Care Act 2014⁹, the Children Act 1989¹⁰, and the Children and Families Act 2014¹¹. This provides assurance that any approaches introduced will be subject to review in the context of this guidance to ensure it meets the needs of children and young people.

⁷ Farooq, B., Clements, C., Hawton, K., Geulayov, G., Casey, D., Waters, K., Ness, J., Patel, A., Kelly, S., Townsend, E., Appleby, L., & Kapur, N. (2021). Self-harm in children and adolescents by ethnic group: an observational cohort study from the Multicentre Study of Self-Harm in England. *Lancet Child Adolesc Health*, 5(11):782-791. doi: 10.1016/S2352-4642(21)00239-X. Epub 2021 Sep 21. PMID: 34555352; PMCID: PMC9766885.

⁸ [Self-harm: assessment, management and preventing recurrence - NICE Guidance \[NG225\]](#)

⁹ [Care Act 2014](#)

¹⁰ [Children Act 1989](#)

¹¹ [Children and Families Act 2014](#)

Through the focussed engagement with children and young people as part of the consultation exercise, they will have the opportunity to comment on and further shape this policy and contribute to the actions which will be delivered through the accompanying Delivery Plan. This is consistent with the feedback from the *Responding to people bereaved, exposed, or affected by suicide* consultation which identified that further research and insight is needed to be able to describe the most appropriate, evidence-based response to the specific needs of children and young people at different stages of cognitive development.

Objective 6 of the draft strategy is: Responsible communication, media reporting, and social media use regarding self-harm, suicide and suicidal behaviour refers readers to the media guidelines published by the Samaritans. The guidance includes specific references to children and young people recognising for example, that they are ‘more susceptible to suicide contagion’. Through the consultation we will be able to further develop these policies and the actions which can be delivered through the Delivery Plan.

In terms of potential **negative** impacts Welsh Government has considered the challenging nature of the topic being discussed and that this could raise distressing emotions for some. Therefore, a children and young people’s version of the strategy is being prepared and the co-production network for Wales is being employed who specialise in working with children and young people to run focussed engagement sessions with the necessary safeguarding measures in place. These sessions will work with existing stakeholder groups, for example, Welsh Youth Parliament, National Youth Stakeholder Group (group of young people with lived experience of mental health facilitated by Young Wales), Children’s Commissioner for Wales Youth groups/ambassadors as well as smaller third sector young people groups and schools.

- **What participatory work with children and young people have you used to inform your policy? If you have not engaged with children and young people, please explain why.**¹²

During the summer of 2023, Welsh Government carried out pre-consultation engagement on the proposed draft Vision Statements for the new Mental Health and Wellbeing and Suicide and Self-Harm Prevention Strategies and supporting principles, with an online survey being issued and a focus group was run with the National Youth Stakeholder Group¹³, including 8 young people with lived experience of mental health, facilitated by Young Wales.

¹² Article 12 of the UNCRC stipulates that children have a right to express their views, particularly when adults are making decisions that affect them, and to have their opinions taken into account.

¹³ The National Youth Stakeholders Group is for young people aged 14-25 with lived experience or a special interest in relation to mental health and wellbeing. The group aims to address mental health issues shared by young people and review mental health and wellbeing initiatives by the Welsh

The 5th vision statement focussed on Suicide and Self-Harm Prevention - Reduction in suicide and self-harm and timely access to appropriate support for all those affected by suicide and self-harm. This vision statement was broken down into 5 objectives.

The feedback from the group centred around the requirement to have increased awareness of disordered eating, suicide and self-harm in schools and in improving access to services with dual mental health and neurodevelopment diagnosis.

Mind also ran young people engagement work which informed the drafting of the strategy. The group highlighted the need to reduce waiting times in accessing support, but to also provide support for those who are waiting. Therapy should be person centred with the individual having a choice as to what would work for them and access to appropriate crisis care for children and young people needs to be improved.

Future Planned Engagement with Children and Young People

Further engagement work with children and young people will be carried out when the draft Suicide and Self-Harm Prevention Strategy is published for consultation. The consultation will have children and young people friendly consultation materials which will be available on request. Support and facilitation for groups and schools will be given by the Co-Production Network for Wales who have been commissioned to run children and young people engagement on both the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy. The Co-Production Network for Wales will be both facilitating focus groups and developing session plans and resources with young people for consultation on both strategies. Welsh Government will be asking stakeholders and organisations to use these resources to engage with children and young people / their own networks – to ensure the views of children and young people are reflected in the consultation feedback.

In addition, we will run in person focus groups with youth and children's groups. These focus groups will target different ages (including younger children and parents) and different communities of interest or vulnerabilities. The Co-Production Network for Wales is a highly experienced third sector organisation who have facilitators experienced in working with children of all ages and in running Welsh Government engagement exercises. They have good links with the CYP sector and are being supported by officials with additional contacts into school councils, flying start, junior health boards, higher education, third sector groups and more. There will be a focus on ensuring that vulnerable groups such as low income, ethnic minorities, LGBTQ, care experienced, and the disabled are targeted as part of this exercise.

The consultation responses received both online and through focus groups will shape the final version of the strategy. We will let participants know how their views have influenced the final version.

3. Analysing the evidence and assessing the impact

- **Using the evidence you have gathered, what impact is your policy likely to have on children and young people? What steps will you take to mitigate and/or reduce any negative effects?**

The analysis of the evidence available highlights a number of issues relevant to children and young people as follows:

Firstly, we have identified that more evidence is needed to better understand the trends of suicide and self-harm in children and young people and the impacts of trends among other high-risk groups (e.g. death by suicide in middle aged men). Objective 1 will have a positive impact in allowing us to gather the necessary evidence and utilise it to inform policy development.

The other objectives provide a framework for the user of that evidence. For example, if the evidence identifies risk factors for children and young people, or interventions which have been proven to work, Objective 2 provides the basis for targeted engagement with other policy areas to target risks factors and affect service provision.

The research does identify some groups of young people who are vulnerable to self-harm, for example victims of bullying. For this reason children and young people have been included as a vulnerable group in objective 3 and settings which they engage with have been identified (e.g. GP's and education settings). This provides the opportunity to explore with stakeholders (internal and external) how we target those settings and what support is required.

The strength of the evidence in relation to the vulnerability of children and young people to self-harm has allowed us to tailor the objectives under objective 5 so it takes account of the specific needs of children and young people by ensuring that the offer of support is in line with the NICE standards which includes a focus on children and young people. This will ensure that pathways of support for suicide and self-harm will be children and young people friendly.

As identified above, the Welsh Government recognises a potentially negative impact in respect that the strategy relates to a challenging topic which may trigger an emotional response from readers. To mitigate this appropriate safeguarding measures will be put in place such as the use of appropriate language, the use of specialist facilitators for focussed events and making sure that services are advertised alongside promotional materials for those who could possibly be triggered by the content.

- **How does your proposal enhance or challenge children’s rights, as stipulated by the UNCRC articles and its Optional Protocols? Please refer to the articles to see which ones apply to your own policy.**

We consider that the new strategy will support children’s rights in Wales. Our analysis of impacts and our engagement with children and young people during the pre-consultation phases suggests that the strategy could have most impact in relation to the following Articles of the UNCRC (set out in Table 1 below).

In so doing, it will directly support the aims of the Wellbeing of Future Generations (Wales) Act 2015, particularly in terms of delivering a healthier Wales and a more equal Wales.

UNCRC Articles or Optional Protocol	Enhances (X)	Challenges (X)	Explanation
<p>Article 2 (no discrimination): All children under 18 should enjoy all the rights set out in the UNCRC without discrimination, including those with mental health conditions.</p>	<p>X</p>		<p>The strategy is an all age strategy and has a focus on equality and at risk groups as a cross-cutting principle as set out in the strategic context. Children and young people have been identified as an at-risk group and will have equal access to services regardless of religion / belief / ability. A specific objective has been introduced (Objective 3c) to ensure that services and governance arrangements related to self-harm and suicide in Wales respect and value children’s rights. This provides a policy framework for the development of the accompanying delivery plan where the detailed actions to deliver the policies and objectives will be detailed.</p>
<p>Article 3: All organisations concerned with children should work towards what is best for each child.</p>	<p>X</p>		<p>Multi-sectoral collaboration and a person-centred approach are key principles which run through the strategy. This is evident in Objective 3, which aims to deliver a cross-Government and multi-sectoral approach to tackle</p>

			<p>the drivers of suicide. This makes a connection with the Mental Health and Wellbeing Strategy which has the NYTH/NEST (no wrong door) principles running through it. Objective 4b, aims to establish continuity and connection between different services that respond to people who are in distress, ensuring consistent approaches are adopted; and Objective 5 seeks to establish joint working across sectors to deliver a compassionate response to all service users.</p>
<p>Article 5: Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.</p>	X		<p>As part of the engagement on the strategy we are actively engaging children and young people. To do this we have developed a children and young people version of the strategy, which is available on request, and have commissioned a bespoke package of direct engagement. Whilst this is intended to hear the voices of children and young people they have been designed so that the young people can get support from trusted adults – consistent with the NYTH/NEST principles. For example, the CYP consultation documents reference the need to engage with trusted adults to help inform their responses and the direct engagement will include engagement with groups which both represent CYP and those who represent them as trusted adults – both within the system and at home.</p>
<p>Article 6 (Life, survival and development): All children have the right of life.</p>	X		<p>The strategy is focussed on preserving life through the prevention of suicide. In combination with the Mental Health and Wellbeing Strategy</p>

<p>Governments should ensure that children survive and develop healthily.</p>			<p>is also seeks to promote good health both through the prevention and treatment of mental health conditions but also tackling the wider determinant of mental health and wellbeing. The prevention of suicide and poor mental health is also important for young people who may not experience it themselves but come into contact with people who are affected by it. This is achieved through timely and compassionate support which reduces stigma.</p>
<p>Article 12: Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.</p>	<p>X</p>		<p>The strategy supports the vision outlined in A Healthier Wales with its focus on integrated, person-centred care, which is delivered in a way that has been informed by service users and carers.</p> <p>We continue to focus and strengthen our youth engagement work which has informed the development of the new draft strategy. The strategy also has a focus on co production.</p> <p>We have consulted with the National Youth Stakeholder Group and we will undertake bespoke engagement to gather the views of children and young people on the proposed strategy and future Delivery Plans.</p>
<p>Article 13: Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law</p>	<p>X</p>		<p>As part of the engagement on the strategy we are actively engaging children and young people. To do this we have developed a children and young people version of the strategy, which is available on request, and have commissioned a</p>

			bespoke package of direct engagement. The draft strategy also includes a commitment at 3c to ensure that all actions and policies respect children's rights.
Article 17: Children have the right to reliable information from the mass media. Television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.	X		<p>Objective 2d of the strategy commits to exploring ways to enhance online safety. This builds on the work already underway through the Online Safety Act and the Criminal Justice Bill which seek place legal obligations on online providers to prevent the promotion and assistance of 'serious self-harm' (including suicide). The Online Safety Act includes specific provision to enhance online safety for children and young people. Objective 6 and supporting objectives seek to ensure responsible media reporting on self-harm and suicide. The Policy directs the audience to the Samaritans guidelines which includes specific references to children and young people by, for example, recognising that more susceptible to suicide contagion. In terms of the communication of the strategy itself, there is a specific section on communication which recognises the need for information to be made available in different formats for different audiences.</p> <p>The need for effective communication and clear and accessible information on the strategy (as well the mental health and wellbeing services and support in Wales) is a key</p>

			<p>theme from our pre-consultation to date.</p> <p>Information developed as part of the implementation of the strategy will have regard to its audience.</p> <p>An accessible version of the draft strategy is being developed for the consultation.</p>
<p>Article 19 (protection from violence): Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.</p>	X		<p>The strategy recognises people in care (which includes children in the social care system) as a vulnerable group. It also recognises children and young people in general as a vulnerable group. Objective 3a commits the Welsh Government to develop capability in the key settings that these vulnerable groups are most likely to present which will enhance the care that they receive from those who care for them, including Primary Care (e.g. GP's), prisons (inc. young offender institutions), social care, education settings and Children and Adolescent Mental Health Services (CAMHS). Objective 3c requires that all services related to suicide and self-harm in Wales respect children's rights. This ensures that the adults in the setting within which children and young people engage will provide them with the care they need in a safe manner.</p>
<p>Article 23: Children who have any kind of disability should have special care and support so that they can lead full and independent lives.</p>	X		<p>The strategy specifically recognises people with disabilities (inc. children and young people) as a vulnerable group. Objective 3a commits the Welsh Government to develop capability in the key settings that these vulnerable</p>

			<p>groups are most likely to present which will enhance the care that they receive from those who care for them, including Primary Care (e.g. GP's), prisons (inc. young offender institutions), social care, education settings and Children and Adolescent Mental Health Services (CAMHS). Objective 3c requires that all services related to suicide and self-harm in Wales respect children's rights; including Article 23.</p>
<p>Article 24 (health, water, food and environment): Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.</p>	<p>X</p>		<p>The strategy sits alongside the mental health strategy which is about improving access to appropriate assessment, treatment and support for those with mental health needs.</p> <p>The strategy is about enhancing services so that children and young people have access to the best possible health care and information to stay well by:</p> <ul style="list-style-type: none"> • Improving the skills of the workforce. • Improving support in the community. • Focussing on prevention and early intervention, which is supported by the whole school approach, access to school counselling and CAMHS in reach. • Delivering service improvements Local Primary Mental Health Support Services and specialist CAMHS. • Improving access to psychological therapies. • Promoting access to information on good

			mental health and wellbeing (for example, through social media campaigns).
<p>Article 27: Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.</p>	X		<p>The strategy, alongside the Mental Health and Wellbeing Strategy, makes explicit reference to the wider social determinants of mental health, suicide and self-harm including poor physical health and mental health, and financial pressures. Both strategies have been developed from a public health, preventative perspective and links have been made with the relevant policy areas to address the wider determinants of mental health and wellbeing. The Suicide and Self-Harm Prevention Strategy in the <i>strategic context</i> makes clear the strategies reliance on other Government departments to address the wider determinants identified including child poverty and mental health. Objective 2 and supporting objectives re-enforce this by committing the Welsh Government to cross-Government working and this provides the opportunity to work with the opportunity department to identify actions with the accompanying Delivery plan to improve the physical and mental health of children and young people and support families who are under financial pressures.</p>

<p>Article 30: Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.</p>	<p>X</p>		<p>Objective 3b of the strategy states that everyone (including children and young people) should be able to access services using their preferred language.</p>
<p>Article 33: The Government should provide ways of protecting children from dangerous drugs.</p>	<p>X</p>		<p>The strategy recognises substance misuse as a key risk factor and defines all people (including children and young people) with substance misuse challenges as a high risk group. Objective 2 commits the Welsh Government to adopt a cross-Government approach to tackling the key drivers of suicide and self-harm and the substance misuse Delivery Plan and Treatment Framework have been identified as dependencies for the successful delivery of the suicide and self-harm Prevention strategy. As part of the development of the accompanying Delivery Plan the suicide and self-harm team will work closely with substance misuse colleagues to review the evidence and identify actions which can strengthen their contribution to suicide and self-harm challenges in Wales, including where targeted approach may need to be adopted to manage issues specific to children and young people. Objective 3a also commits the Welsh Government to offering targeted support to the high risk groups in the setting which they are most likely to engage with.</p>

			<p>Substance misuse setting has been identified as a key setting.</p>
<p>Article 34: The Government should protect children from sexual abuse.</p> <p>Article 39: Children who have been neglected or abused should receive special help to restore their self-respect.</p>			<p>The strategy recognises the victims of abuse as a high risk group, drawing on evidence from the domestic homicide project which references that 8% of all Domestic Homicides and Suspected Victim Suicides in England and Wales between 1 April 2020 to 31 March 2022 were child deaths. Objective 2 commits the Welsh Government to adopt a cross-Government approach to tackling the key drivers of suicide and self-harm and the Violence Against Women, Domestic Abuse and Sexual Violence Strategy has been identified as dependencies for the successful delivery of the Suicide and Self-Harm Strategy. The Violence Against Women, Domestic Abuse and Sexual Violence Strategy includes a specific objective to increase awareness in children, young people, and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices. The strategy recognises that there is a need to better understand the needs of children and commit the Welsh Government to establishing a sub-group to review the needs of children and young people. This strategy was the subject of its own children’s rights impact assessment. As part of the development of the</p>

			<p>accompanying Delivery Plan the suicide and self-harm team will work closely with violence against women and domestic abuse team to review the evidence and identify actions which can strengthen their contribution to suicide and self-harm challenges in Wales, including where targeted approach may need to be adopted to manage issues specific to children and young people. Objective 3a also commits the Welsh Government to offering targeted support to the high risk groups in the setting which they are most likely to engage with. The Welsh Government will identify those settings which victims of domestic abuse, including children, would most likely engage with in the interest of targeting those settings.</p>
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<p>Article 37: Children who are accused of breaking the law should not be killed, tortured, treated cruelly, put in prison forever, or put in prison with adults. Prison should always be the last choice and only for the shortest possible time. Children in prison should have legal help and be able to stay in contact with their family.</p> <p>Article 40: Children who break the law. Children accused of breaking the law have the right to legal help and fair treatment. There should be lots of solutions to help these children become good members of their communities. Prison should only be the last choice.</p>	X		The strategy specifically references youth justice institutions and prisons as priority settings.
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- **Consider whether any EU Citizens Rights (as referenced in the Equality Impact Assessment¹⁴) relate to young people up to the age of 18.**

The Equality Impact Assessment accompanying this Strategy determined that the policy proposal will not negatively impact EU, EEA, or Swiss citizens whose rights are protected by the Citizens Rights Agreements.

4. Ministerial advice and decision

- **How will your analysis of these impacts inform your ministerial advice?**

All Ministerial Advice regarding the Suicide and Self-Harm Prevention strategy will confirm that we have considered the UNCRC when developing this policy. The draft Children's Rights Impact Assessment will be submitted to Ministers for their consideration alongside the draft Strategy. The accompanying advice will summarise that the overall conclusion, as per the draft assessment, are that the strategy will have a positive impact on children and young people – but noting that more will need to be done through the further analysis of evidence relating to children and young people and through more targeted actions to be included in the Delivery Plan. We will highlight the identified risks associated with the consultation and the subject matter and how this is being mitigated through tailored engagement with children and young people which has a focus on safeguarding.

We will also consider the consultation responses once received to consider if further amendments need to be made to this assessment, and the Strategy itself. A draft Children's Rights Impact Assessment, a draft Equalities Impact Assessment and a draft Welsh Language Impact Assessment will be published for consultation alongside the draft Suicide and Self-harm Prevention Strategy. These documents will be revised to take on board feedback from the consultation. A final version of the CRIA (and other supporting impact assessments) and the Mental Health and Wellbeing Strategy for Wales will be submitted to Ministers following the consultation and prior to publication.

5. Publication of the CRIA

As part of the consultation on the draft Suicide and Self-harm Prevention Strategy we will consult on this draft Children's Rights Impact Assessment. We will use the consultation period to gather further evidence of impacts on children and young people.

6. Communicating with Children and Young People

- **If you have sought children and young people's views on your proposal, how will you inform them of the outcome?**

During the summer of 2023, Welsh Government carried out pre-consultation engagement on the proposed draft Vision Statements for the new Mental Health and Wellbeing and Suicide and Self-Harm Prevention Strategies and supporting principles, with an online survey being issued and a focus group was run with the

National Youth Stakeholder Group,¹⁵ including 8 young people with lived experience of mental health, facilitated by Young Wales.

The 5th vision statement focussed on Suicide and Self Harm Prevention - Reduction in suicide and self-harm and timely access to appropriate support for all those affected by suicide and self-harm. This vision statement was broken down into 5 objectives.

The feedback from the group centred around the requirement to have increased awareness of disordered eating, suicide and self-harm in schools and in improving access to services with dual mental health and neurodevelopment diagnosis.

Mind also ran young people engagement work which informed the drafting of the strategy. The group highlighted the need to reduce waiting times in accessing support, but to also provide support for those who are waiting. Therapy should be person centred with the individual having a choice as to what would work for them and access to appropriate crisis care for children and young people needs to be improved.

This feedback was considered across both the Suicide and Self-Harm Prevention Strategy and the Mental Health and Wellbeing Strategy. The Suicide and Self-harm Prevention Strategy has introduced specific reference to the links between issues in school and suicide and self-harm such as bullying, exclusions and absence. It also recognises the links with wider mental health support in school provided by school counselling and CAMHS in-reach. The draft strategy also has a cross-cutting principle of being *person-centred with the involvement of those with lived/living experience*. This theme is consistently referenced in objectives 3, 4 and 5 of the draft strategy ensuring that it will continue to feed into the development of actions in the accompanying delivery plan.

This section will be updated following the next round of public engagement. Also, the Co-Production Network for Wales, as part of their engagement commission will feedback to all the groups involved with a *you said we did* document and videos.

7. Monitoring and Review

It is essential to revisit your CRIAs to identify whether the impacts that you originally identified came to fruition, and whether there were any unintended consequences.

Where you are taking forward secondary legislation, it will not be sufficient to rely on the CRIA for the primary legislation; you will need to update the CRIA to consider how the details of the proposals in the regulations or guidance may affect children.

¹⁵ The National Youth Stakeholders Group is for young people aged 14-25 with lived experience or a special interest in relation to mental health and wellbeing. The group aims to address mental health issues shared by young people and review mental health and wellbeing initiatives by the Welsh Government and other organisations across Wales. The types of work that you could get involved in includes reviewing, developing and testing how Welsh Government are working to improve mental health and wellbeing services in schools, local authorities and health (like CAMHS).

The policy lead can revisit the published version of their CRIA, rename it as a review of the original CRIA, and update the evidence of impact. The reviewed impact assessment should be presented to Ministers with any proposals to amend the policy, practice or guidance. This review CRIA should also be published.

- **Please outline what monitoring and review mechanism you will put in place to review this CRIA.**

All impact assessments (including the CRIA) will be reviewed following the planned consultation on the draft Suicide and Self-Harm Prevention Strategy, and ahead of publishing the final version of the strategy and its supporting Action Plan.

There will be opportunities to review progress in relation to the implementation of the strategy and its supporting Impact Assessments (including the CRIA) on an ongoing basis, through the role of the National Suicide and Self-Harm Programme Board. The terms of reference for the Board will include a duty to review policies and actions in the context of children's rights and membership will include those who can represent children and young people.

Accompanying this strategy will be Delivery Plan which will include more detailed, short-term actions to deliver against the policies and objectives of the strategy. We will review the CRIA against those documents when they are developing and prior to their publication.

- **Following this review, are there any revisions required to the policy or its implementation?**

As part of the undertaking the review, amendments have been made to the strategy to ensure that it, and the accompanying Delivery Plan, meet the needs of children and young people in Wales. Following public consultation further amendment may need to be made.